

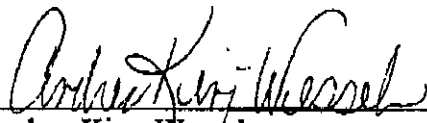
4. I am aware of the habeas corpus petition pending before this Court under the above docket number. I have been involved in and am fully aware of the efforts to place Inmate Dwayne Carpenter, Reg. No. 05823-016, in some form of pre-release placement, to specifically include home confinement or a community corrections center.
5. The office from which a pre-release placement for the District of Columbia area would be approved and supervised by is the Baltimore Community Corrections Management (CCM) Office. That office supervises the Districts of Maryland, Delaware, West Virginia, and the District of Columbia.
6. An initial Institutional Referral for CCC Placement was submitted by FMC Devens staff to the Baltimore CCM Office on or about November 20, 2003. That referral recommended Mr. Carpenter for a CCC placement on or after April 16, 2004. Subsequent to the review of this referral, a tentative placement date of April 16, 2004 was approved by the Baltimore CCM office for this inmate to the Hope Village Community Correction Center in Washington, D.C. And on December 2, 2003, the Administrative Director for Hope Village approved that referral and indicated a tentative placement acceptance date of April 20, 2004.
7. Subsequently, the Baltimore CCM Office, upon it's placement preparation, discovered that Mr. Carpenter's medical condition had changed from the initial review and tentative approval. Specifically, he was placed on a program of dialysis treatment three times a week, in conjunction with his other medical conditions. As a result of discovering this information, the Baltimore CCM Office notified the Unit Team Staff at FMC Devens, of a change in Mr. Carpenter's tentative placement date from April 16th to June 16th, 2004. This change was done via e-mail notification on March 17, 2004. That change to June 16th was done by the Bureau of Prisons CCM Office, prior to consultation with the particular CCC contract facility, Hope Village.
8. Following new medical concerns with regard to Mr. Carpenter, his CCC placement was rescinded based upon the revocation of medical clearance by FMC Devens because further medical issues needed to be addressed.
9. On or about July 12, 2004, the Baltimore CCM Office, once again received an Institutional Referral for CCC Placement from FMC Devens. This referral recommended placement to home confinement on or after July 26, 2004. This new referral also updated the CCM Office on the progression of Mr. Carpenter's medical issues and provided that he was now medically cleared for re-consideration to a pre-release placement.
10. Upon receipt of the referral, the Baltimore CCM Office, with full knowledge of the pending habeas corpus petition, made every effort to locate a pre-release placement for Mr. Carpenter. Although the recommendation included a home confinement request, any inmate considered for home confinement throughout the District of Columbia, must initially be placed at a CCC

for purposes of orientation and needs assessment. Therefore, to my knowledge, no inmate has gone directly from a BOP institution to home confinement in Washington, D.C. The procedure utilized requires a placement to a CCC first.

11. There are six CCC's available throughout the Washington, D.C. area, one of which is for females only. BOP staff contacted each and every one of these contract facilities in an effort to get approval for a placement, however short, for Mr. Carpenter. However, each one completed the appropriate form indicating that they are unable to accept this inmate due either to his current medical condition and/or due to the lack of available bed space within their facility. See Attached BOP Community Corrections Referral for CCC Placement forms, **Documents A through E.**
12. Because of the inability to place Mr. Carpenter in a CCC within the District of Columbia, the Bureau of Prisons is unable to accommodate any pre-release placement for him in this area. Based upon the efforts made in this case, I can attest that we have exhausted every avenue for such a placement.

I declare the foregoing is true and correct to the best of my knowledge and belief, and given under penalty of perjury pursuant to 28 U.S.C. § 1746.

Executed this 6th day of August, 2004



Andrea King-Wessels
Regional Community Corrections Administrator
Mid-Atlantic Regional Office

Exhibit 3
Attachment A

TRANSITIONAL SERVICES MXR

GROUPS AND CONCURRENCE

Exhibit 3
Attachment B

JUL 17 2004 05:23

TRANSITIONAL SERVICES MARK

F. 11/17/04

BOB COMMUNITY CORRECTIONS REFERRAL FOR CCC PLACEMENT

FROM: Federal Bureau of Prisons Linda Moore, Community Corrections Manager 10010 Junction Drive, Suite 100-N Annapolis Junction, MD 20701 (301) 317-3280		<input type="checkbox"/> Bannum 3VP <input type="checkbox"/> Montg Co Prob-Pe 2A1 <input type="checkbox"/> Plummer 3GE <input type="checkbox"/> Mint 3VZ <input type="checkbox"/> Bannum 30H <input type="checkbox"/> Sunset 3UT <input type="checkbox"/> VOA 3GS Hope Village 1F1 <input type="checkbox"/> Shaw 2 3CV <input checked="" type="checkbox"/> EFEC 2EH LAA <input type="checkbox"/> Comm Care 3C2 <input type="checkbox"/> Bannum 2FF DEE <input type="checkbox"/> Parole 2AG	
Attn. CCR Staff member: Sylvia B. Hall		Date Sent to CCC: 07-15-04	
The following individual is being referred to your facility for participation in your community corrections program. Please review the materials and respond with your acceptance or denial (with reason) within five (5) working days of receipt of this packet. This form has been modified to allow for 4 apply complete the information at the bottom of this page and fax it back indicating your decision. Please call if additional information is required.			
A. Inmate: Carpenter, Duane		B. Reg. No. 05823-016	
C. Requested Placement Date: 07.27.04		D. "Projected" Release Date - Method: 10.16.04 Parole	
E. Type of Referral <input checked="" type="checkbox"/> Institution Transfer from: FMC Denvers <input type="checkbox"/> Direct Court Commitment <input type="checkbox"/> USPO/CSOSA - Supervision Case <input type="checkbox"/> Public Law - U.S. Parole Commission		F. Program Placement <input type="checkbox"/> Comm. Corr. Component (not restrictive) <input checked="" type="checkbox"/> Pre-Release Component	
G. Drug Treatment Requirements <input type="checkbox"/> DAP Graduate - § 3621S case (TRANS SRV REQUIRED) <input type="checkbox"/> DAP Graduate - (TRANS SRV REQUIRED) <input type="checkbox"/> ICC Drug Case - (TRANS SRV REQUIRED) <input checked="" type="checkbox"/> Drug Aftercare (Minimum of 30 minutes drug counseling weekly) <input type="checkbox"/> Alcohol Aftercare (provide treatment as needed) <input type="checkbox"/> Mental Health Aftercare (refer to mental health provider) <input type="checkbox"/> Drug Test (CCM Ordered) (30 minutes drug counseling weekly) <input type="checkbox"/> Alcohol Test (CCM Ordered) (provide treatment as needed)		H. Urine testing Requirements <input checked="" type="checkbox"/> 4 urines per month <input type="checkbox"/> Random testing per SOW	
I. Eligible for Home Confinement on or after: _____		J. For ICC cases only CCC: From _____ To _____ Home Confinement: _____	
K. "Special instructions/information" for contractor: Note Medical - Possible Home Confinement when eligible =			
Dist: CCC (Original), CCM (copy), TSM (copy)			
I have reviewed this resident's case and: <input type="checkbox"/> Agree to accept this case in full. <input checked="" type="checkbox"/> I reject this case because (based on published rejection criteria): Not eligible not available and facility not			
Name: Jeffrey H. [Signature] Title: Program Director Date: 07-15-04			
<input checked="" type="checkbox"/> FAX THIS FORM BACK TO THE CCM OFFICE AS YOUR REPLY TO THE REFERRAL			

C:\GROUP3\COMM\COMM\referral

equipped to meet medical needs.

TOTAL P.01

Exhibit 3
Attachment C

JUL-15-2004 10:54 FROM: COMMUNITY CAPE CENTER 6023427051

TO: DENISE CARTER

P. 1/1

FROM: Federal Bureau of Prisons Linda Moore, Community Corrections Manager 10010 Junction Drive, Suite 100-N Annapolis Junction, MD 20781 (301) 317-3280		<input type="checkbox"/> Bassett JVP <input type="checkbox"/> Menig Co Pre-Rel 2AF <input type="checkbox"/> Fismmer 3CE <input type="checkbox"/> Mial 1V2 <input type="checkbox"/> Bassett 3QH <input type="checkbox"/> Susan 3UT <input type="checkbox"/> VOA 3GS Hope Village 3PJ <input type="checkbox"/> Shaw 1 3C <input type="checkbox"/> BRCC 2FH 2AA <input checked="" type="checkbox"/> Comm Care 3L <input type="checkbox"/> Bassett 2FF 2K <input type="checkbox"/> Fairview 1AC	
Attn. CCR Staff member: <u>Sylvia B. Hall</u>		Date Sent to CCC: <u>07/14/04</u>	
The following individual is being referred to your facility for participation in your community corrections program. Please review the enclosed materials and respond with your acceptance or denial (with reasons) within five (5) working days of receipt of this packet. This form has been modified so you can simply complete the information at the bottom of this page and fax it back indicating your decision. Please call if additional information is required.			
A. Inmate: <u>Carpenter, Duane</u>		B. Reg. No. <u>05823-016</u>	
C. Requested Placement Date: <u>07.27.04</u>		D. "Projected" Release Date - Method: <u>10.16.04 - Parole</u>	
E. Type of Referral: <input checked="" type="checkbox"/> Inmate Transfer from: <u>FMC Detains</u> <input type="checkbox"/> Direct Court Commitment <input type="checkbox"/> USPO / CSOSA - Supervision Case <input type="checkbox"/> Public Law - U.S. Parole Commission		F. Program Placement: <input type="checkbox"/> Comm. Care Component (most restrictive) <input checked="" type="checkbox"/> Pre-Release Component	
G. Drug Treatment Requirements: <input type="checkbox"/> DAP Graduate - § 3612b max (TRANS SRV REQUIRED) <input type="checkbox"/> DAP Graduate - (TRANS SRV REQUIRED) <input type="checkbox"/> ICC Drug Case (TRANS SRV REQUIRED) <input checked="" type="checkbox"/> Drug Afterscare (Minimum of 30 minutes drug counseling weekly) <input type="checkbox"/> Alcohol Afterscare (provide treatment as needed) <input type="checkbox"/> Mental Health Afterscare (refer to mental health provider) <input type="checkbox"/> Drug Test (CCM Ordered) (30 minutes drug counseling weekly) <input type="checkbox"/> Alcohol Test (CCM Ordered) (provide treatment as needed)		H. Urine testing Requirements: <input checked="" type="checkbox"/> 4 urines per month <input type="checkbox"/> Random testing per 50W	
I. Eligible for Home Confinement on or after: _____		J. For ICC cases only: CCC From: _____ To: _____ Home Confinement: _____	
K. "Special instructions/information" for contractor: <u>Note Medical - Possible Home Confinement when eligible =</u>			
Dis: C/C (Original), CCM (copy), TSM (copy)			
I have reviewed this resident's case and: <input type="checkbox"/> Agree to accept this case on (date): _____ <input checked="" type="checkbox"/> Reject this case because (based on published rejection criteria): <u>FAIR by bad opera</u>			
Name: <u>Brenda Thompson</u> Date: <u>7-15-04</u>			
<input checked="" type="checkbox"/> FAX THIS FORM BACK TO THE CCM OFFICE AS YOUR REPLY TO THE REFERRAL			

0-220495-000-14056000-00000000

10/1/04

JUL-15-2004 10:54 FROM: COMMUNITY CAPE CENTER 6023427051

P. 1/1 0002-07-000

Exhibit 3
Attachment D

TRANSITIONAL SERVICES UNIT

BOP COMMUNITY CORRECTIONS REFERRAL FOR CCC PLACEMENT

2. 01. 21

*** * ***

TOTAL P. 21

Exhibit 3
Attachment E

TRANSPORTATION SERVICES W/2

Page 42/81

10.2422

FROM:	Federal Bureau of Prisons Linda Moore, Community Corrections Manager 10010 Junction Drive, Suite 100-N Annapolis Junction, MD 20701 (301) 317-3320	<input type="checkbox"/> Bangor SVF <input type="checkbox"/> Menard Co Pre-Arrest 2AF <input type="checkbox"/> Miami SVZ <input type="checkbox"/> Bonham JQB <input type="checkbox"/> VOA JOB Hope Village 2KX # <input type="checkbox"/> ERFK 2VH 2AA D <input type="checkbox"/> Bonham IFF 2CB D	<input type="checkbox"/> Plummer ICE <input type="checkbox"/> Suzen MGT <input type="checkbox"/> Shaw L ICY <input type="checkbox"/> Comm Care ICCX <input type="checkbox"/> Fairview TAG
Afm. CCR Staff member:	Sylvia B. Hall	Date Sent to CCC:	07.14.04
The following individual is being referred to your facility for participation in your community corrections program. Please review the enclosed materials and respond with your acceptance or denial (with reason) within five (5) working days of receipt of this packet. This form has been modified so you can simply complete the information at the bottom of this page and fax it back indicating your decision. Please call if additional information is required.			
A. Inmate	Carpenter, Duwayne	B. Ref. No.	05823-016
C. Requested Placement Date	07.27.04	D. "Projected" Release Date - Method	10.16.04 Parole
E. Type of Referral	<input checked="" type="checkbox"/> Institution Transfer from FMC Devang <input type="checkbox"/> Direct Court Commitment <input type="checkbox"/> USPO / CSOSA - Supervision Case <input type="checkbox"/> Public Law - U.S. Parole Commission	F. Program Placement	<input type="checkbox"/> Current Corr. Component (most restrictive) <input checked="" type="checkbox"/> Pre-Release Component
G. Drug Treatment Requirements	<input type="checkbox"/> DAP Graduate - § 8621E case (TRANS SRY REQUIRED) <input type="checkbox"/> DAP Graduate - (TRANS SRY REQUIRED) <input type="checkbox"/> ICC Drug Case - (TRANS SRY REQUIRED) <input checked="" type="checkbox"/> Drug Offense (Minimum of 30 minutes drug counseling weekly) <input type="checkbox"/> Alcohol Offense (provide treatment as needed) <input type="checkbox"/> Mental Health Offense (refer to mental health provider) <input type="checkbox"/> Drug Test (CCM Ordered) (30 minutes drug counseling weekly) <input type="checkbox"/> Alcohol Test (CCM Ordered) (provide treatment as needed)	H. Urine testing Requirements	<input checked="" type="checkbox"/> 4 times per month <input type="checkbox"/> Random testing per GSW
I. Eligible for Home Confinement on or after		J. For ICC cases only	CCC From To Home Confinement
K. "Special Instructions/Information" for contractor	Note Medical - Possible Home Confinement When eligible etc =		
I have reviewed this resident's case and: <input type="checkbox"/> Agree to accept this case on (date): _____			
<input checked="" type="checkbox"/> Reject this case because (based on prohibited rejection criteria): unable to accept due to serious medical condition which we are not equipped to handle			
Name:	Joseph Williams	Title:	Adm Director
Date:	7-14-04		

FAX THIS FORM BACK TO THE CCM OFFICE AS YOUR REPLY TO THE REFERRAL